

2014 TCC Jim Bolen Math Competition Registration Form

Please print legibly and return to Carol White in ESED 2404A or Nena Kabranski in ESEE 2310A or the SE Math department in ESEE 2133

Name _____ Student ID# _____

Address _____ Math Instructor (if known) _____

_____ Email _____

Cell Phone _____ Home Phone _____

1. Do you have an associate's degree or higher from any institution? Yes ____ No ____

2. Are you currently enrolled in a 4-year institution? Yes ____ No ____

If yes, how many credit hours are you enrolled in at the four year institution? _____

(To be eligible for prizes and scholarships you may be required to submit an unofficial transcript from all all 4-year institutions you are attending)

How many credit hours are you enrolled in at TCC? _____

3. Estimate the number of credit hours you will have upon completion of the fall semester _____

(To be eligible for prizes and scholarships the students must be below 70 credit hours at the end of the fall semester)

4. Are there guests you would like to invite to the awards ceremony in the spring? Yes ____ No ____

If yes, Name(s) and Addresses:

_____	_____
_____	_____
_____	_____
_____	_____

5. T-shirt size _____

(T-shirts will be distributed during the awards ceremony or can be picked up from the math department after the ceremony in spring)

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Student Signature _____ Date _____